**Cleveland Clinic/Akron General**
**Employee Health Plans (EHP)**
**Health Visit Report Form**

Must be completed by a licensed health professional (MD, DO, NP, PA) from your PCP's office and mailed or faxed directly to EHP

**Date of Examination (Required):** ________________________

**Provider Information (Required):**
Last name: _________________________ First Name: ________________ Middle Initial: _______
Office Address: ______________________________________
______________________________________
______________________________________

Office Phone: (      ) ______________________________

**Patient Information (Required):**

Last Name: ____________________________ First Name: _____________ Middle Initial: _______

EHP ID: ______________________________ Date of Birth: _________________________

**Biometric Data (Required):**

Height: __________ Weight: __________ BMI: ________ Blood Pressure: ______/______

**Lab Work (Required):**
If under age 40, all individuals should have a baseline panel. If normal, repeat at age 40.
For age 40 or older, cholesterol screening must be within last three years.

Date Drawn: __________________________ LDL: ___________

**Chronic Conditions (Required) -** ***Please complete each line***
***(Check Y if patient has diagnosis, Check N if screen is negative or there is no patient history):***

Hypertension: Y_____ N_____ (Check Yes if BP > 140/90 or on treatment regimen)

Diabetes: Y_____ N_____ (If applicable, Type 1 or Type II: ______
goals for diabetes are BP < 130/80, LDL < 100)

Hyperlipidemia Y_____ N_____ (Check Yes if LDL > 130 or on treatment regimen)

Asthma Y_____ N_____

Overweight/Obese Y_____ N_____ (Check Yes if BMI is 27 or above)

Current Nicotine Use Y_____ N_____ (Includes smoking, chewing and vaping)

I authorize my patient to join the applicable physical activity and/or Coordinated Care Program to help maintain or improve their health status.

**Provider Signature - (Required):** ______________________________________

***Please return by mail to:***
Cleveland Clinic/Akron General Employee Health Plans
25900 Science Park Dr. / AC242
Beachwood, OH 44122

***email to***: ehphc@ccf.org
or
***via fax:*** 216.448.2053

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